Image# 14952855613 PAGE 1 / 21

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office U	Jse Only	
NAME OF COMMITTEE		YPE OR P	RINT ▼		mple: If typi the lines.	ng, type	12FE4	lM5		
Mississippi	Conservative	es								1
ADDRESS (numb	er and street)	PO Box 20	096							
Check i	if different									
than pre reported	eviously d. (ACC)	Jackson					MS	3922	5	
2. FEC IDENT	TIFICATION NUM	⁄IBER ▼	CIT	Υ▲			STATE 🛦		ZIP CODE ▲	
C C005	554774			S THIS REPORT	\ \ \ \	NEW (N) <b>OR</b>		AMENDED (A)	)	
4. TYPE OF (Choose One	_	(b) Mont	ort L	20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov (Non-E Year C	20 (M11) Election Only)
(a) Quarterl	y Reports:	Due	Mar	20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Dec (Non-E Year C	20 (M12) Election Only)
	ril 15		Apr	20 (M4)	Ш	Jul 20 (M7)	Ш	Oct 20 (M10	) Jan 3	31 (YE)
July	arterly Report (Q1	(C)	12-Day  PRE-Election		Primary (12F	P)	Gen	eral (12G)	Runo	ff (12R)
	arterly Report (Q2 tober 15	)	Report for the:		Convention (	(12C)	Spe	cial (12S)		
Qu	arterly Report (Q3	)			M = M /	D D /	Y Y Y Y	Y	in the	-
	nuary 31 ar-End Report (YE	)	Electio	n on					State of	
Rei	y 31 Mid-Year port (Non-election ar Only) (MY)		30-Day  POST-Election  Report for the:	×	General (300	G)	Run	off (30R)	Speci	al (30S)
Ter (TE	mination Report ER)		Election	n on	M M /	04	2014	Y	in the State of	MS
5. Covering Pe	riod 10	16	2014	Y	through	M - M	/ 24		)14	
I certify that I ha	ve examined this	Report ar	d to the best of	my knov	vledge and	belief it is tru	ıe, correc	t and comple	ete.	
Type or Print Na		Mr. Brian								
Signature of Trea	asurer <i>Mr. Bri</i>	an Perry		ı	[Electronicall	y Filed]		M M / D		4
NOTE: Submissio	n of false, erroned	ous, or inco	mplete information	n may sul	bject the per	son signing th	nis Report	to the penal	ties of 2 U.S.C.	§437g.
Office Use									C FORM 3	X
Ose									Rev. 12/2004	

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name Mississippi Conservatives		
Report Covering the Period: From:	10 16 2014 To	: 11 24 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period	337617.10	
(c) Total Receipts (from Line 19)	0.00	3357903.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	337617.10	3357903.00
7. Total Disbursements (from Line 31)	287046.83	3307332.73
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50570.27	50570.27
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mul	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Mississippi (	Conservatives
---------------	---------------

Report Covering the Period: From:	16 2014 To	o: 11 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<u> </u>	Total This Period	Calendar fear-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	2476200.00
()		
(ii) Unitemized	0.00	310.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	2476510.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	553193.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	3029703.00
Totals to Line 33, page 5)▶	0.00	3029703.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	250150.00
3. All Loans Received		200100.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	73000.00
6. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	5000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	50.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	3357903.0
Total Fodoral Possints		<u> </u>
Total Federal Receipts     (subtract Line 18(s) from Line 19)	0.00	2257002 0
(subtract Line 18(c) from Line 19)▶	0.00	3357903.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures(c) Total Operating Expenditures	39740.00	841327.11		
	(add 21(a)(i), (a)(ii), and (b))▶	39740.00	841327.11		
2.	Transfers to Affiliated/Other Party	0.00	0.00		
23.	Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	20600.00	177600.00		
24.	Independent Expenditures	26706.83	1838255.62		
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	(use Schedule F)	0.00	0.00		
26.	Loan Repayments Made	0.00	250150.00		
	ř	0.00	0.00		
27. 28.	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	200000.00	200000.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	7 7		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	200000.00	200000.00		
29.	Other Disbursements	0.00	0.00		
_			7		
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
	(from Schedule H6)		2.22		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely	0.00	0.00		
	With Federal Funds	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
31.	Total Disbursements (add Lines 21(c), 22,				
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	287046.83	3307332.73		
32.	Total Federal Disbursements				
<i>,</i> ∠.	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	287046.83	3307332.73		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	3029703.00	
4. Total Contribution Refunds (from Line 28(d))	200000.00	200000.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-200000.00	2829703.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	39740.00	841327.11	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	73000.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	39740.00	768327.11	

SCHEDULE B (FEC FO	llee een	arate schedule(s)	(S) FOR LINE NUMBER: PAGE 6 OF						
ITEMIZED DISBURSEM	ENTS	for each category of the Detailed Summary Page  (check of X) 211 27			one) 22 28a	23 28b	24 28c	25 29	26
Any information copied from such F or for commercial purposes, other t									
NAME OF COMMITTEE (In Full) Mississippi Conservati		and add			Somore GOI		Guon C		<u>.                                    </u>
Full Name (Last, First, Middle In	itial)								
A. Camille Barbour						Disburse			
Mailing Address 4612 Trawick Dr					11	0.5		2014	
City		tate	Zip Code		Trans	action ID	: SB21B.497	78	
Jackson Purpose of Disbursement		MS	39211		IIaiis	action ib	. 00210.437	·	
Canvassing				001	Amount	of Each	Disbursemer	nt this Pe	eriod
Candidate Name				Category/				100.0	20
000				Type		-,		190.0	JU
Office Sought: House Senate President		ent For: Primary Other (spe	General						
State: District:									
Full Name (Last, First, Middle In B. Mala Brooks	tial)				Data of	Disburse	ment		
B. Mala Brooks					Date of	DISDUISE		Y	
Mailing Address PO Box 426					10	2		2014	
City Leland		tate MS	Zip Code 38756		Trans	action ID	: SB21B.497	71	
Purpose of Disbursement Canvassing / Door to Door GOT	V			001	Amount	of Each	Disbursemer	nt this Pe	eriod
Candidate Name				Category/ Type				2000.0	00
Office Sought: House Senate President State: District:		ent For: Primary Other (spe	<b>X</b> General						
Full Name (Last, First, Middle In C. Mala Brooks	itial)				Date of	Disburse	ment		
Mailing Address PO Box 426					11	00		2014	
City Leland		tate MS	Zip Code 38756		Trans	action ID	: SB21B.497	74	
Purpose of Disbursement Canvassing / Door to Door GOT	/			201					
Candidate Name	•			001 Category/	Amount	of Each	Disbursemer	1600.0	
Office Sought:  House Senate President State: District:		ent For: Primary Other (spe	X General	Type			7		
SUBTOTAL of Disbursements This	Page (optional)						1 40 1	3790.0	00
SUBTOTAL of Disbursements This  TOTAL This Period (last page this						7	÷	<u> </u>	3790.0

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER:					PAGE 7 OF 2			
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check	only	one)						
		Summary Page		21b 27	22 28a	23 28b	. Н	24 28c	25 29		26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam											S
NAME OF COMMITTEE (In Full)	ie and add	aress of any politi	cai commit	ee to	SOIICIT COI	itributior	is iroi	n such	COMMI	illee.	
Mississippi Conservatives											
Full Name (Last, First, Middle Initial)											
A. Connection Strategy LLC						Disburs					
Mailing Address PO Box 2192					10		31	/ Y	2014	Y	
,	State	Zip Code			Trans	action I	n · ee	21 B 40	77		
Arlington Purpose of Disbursement	VA	22202			ITAIIS	action	J . 3E	210.43	,,,,		
GOTV ID Phone Calls			001	71	Amount	of Eacl	n Disb	urseme	ent this	Perio	od
Candidate Name			Category	//					255	50.00	П
	nent For: Primary Other (spe	General	туре			1		,			_
State: District:											
Full Name (Last, First, Middle Initial)  B. Griffin Printing and Design					Date of	Disburs	semen	t			
- Gillili Filliting and Design					M = M	_	■ D		YY	Y	
Mailing Address PO Bo 1124					10		28	L	2014		
•	State MS	Zip Code 39760			Trans	action I	D : SE	321B.50	)04		
Purpose of Disbursement Signs			001	$\neg$	Amount	of Eacl	n Disb	urseme	ent this	Perio	od
Candidate Name			Category Type	//		-		-,	97	75.00	
	nent For: Primary Other (spe	X General									
Full Name (Last, First, Middle Initial)  C. Mr. Carl Nicholson					Date of	Disburs	semen	t			
Mailing Address PO Box 15099					10		27	/ Y	2014	Y	
,	State MS	Zip Code 39401			Trans	action I	D : SE	321B.49	<del></del>		
Purpose of Disbursement		33401		_							
Canvassing / Door-to-Door GOTV  Candidate Name			001	4	Amount	of Eacl	n Disb	urseme	ent this	Perio	od
Candidate Name			Category Type	y/					500	00.00	П
	nent For: Primary Other (spe	X General				,		,			
SUBTOTAL of Disbursements This Page (optional)							-	_	852	5.00	
TOTAL This Period (last page this line number only)				_	H	7	=	7			Ħ

CHEDULE B (FEC Form 3X)	Hoo comments a strated (	FOR LINE NUMBER: PAGE 8 OF 21					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)222324252				
	Detailed Summary Page	27	28a 28b 28c 29 3				
ny information copied from such Reports and Sta							
r for commercial purposes, other than using the n	ame and address of any politication	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Mississippi Conservatives							
Full Name (Last, First, Middle Initial)							
Paradigm Government Relations			Date of Disbursement				
Mailing Address 530 George St.			10 31 2014				
City	State Zip Code		Transaction ID : SB21B.5003				
Jackson	MS 39202		Transaction ib . 36216.3003				
Purpose of Disbursement Canvassing / Get Out The Vote (GOTV)		001	Amount of Each Disbursement this Period				
Candidate Name		Category/	14000.00				
Office Sought: House Disburs	sement For: 2014	Туре	1400.00				
Senate Disburs	Primary Seneral						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
Floyd Smith			Date of Disbursement				
Mailing Address 210 E. Capitol St. Ste. 1262			11 05 2014				
City	State Zip Code		Transaction ID : SB21B.4991				
Jackson Purpose of Disbursement	MS 39201						
GOTV Canvassing		001	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	400.00				
Office Sought: House Disburs	sement For: 2014	71	,				
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
Susan Smith			Date of Disbursement				
Mailing Address 210 E Capitol St. Ste. 1262			10 23 2014				
City	State Zip Code		Transaction ID - CD24D 4000				
Jackson	MS 39201		Transaction ID : SB21B.4969				
Purpose of Disbursement Gas for Get-Out-the-Vote Efforts		001	Amount of Each Dishuracross this Devict				
Oandidata Nama		Category/	Amount of Each Disbursement this Period 20.00				
Candidate Name			20.00				
	ement For: 2014	Type	20.00				
	sement For: 2014 Primary General		20.00				
Office Sought: House Disburs			20.00				
Office Sought: House Disburs Senate	Primary General		20.00				
Office Sought: House Disburs Senate President	Primary General  Other (specify) ▼  Runoff	Type	14420.00				

TEMIZED DISBURSEMENTS		parate schedule(s)	FOR LINE NUMBER: PAGE 9 OF					
	for each	category of the Summary Page	(check only X 21b 27	one) 22 28a	23 28b	24 28c	25 29	2 3
ny information copied from such Reports and State r for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)  Mississippi Conservatives	me anu du	aress of any point	cai committee to	JOHOIT COL	in ibutions	o HOIH SUCH	COMMIN	
Full Name (Last, First, Middle Initial)						_		
· Calvin Stewart				Date of	Disburse		YY	V
Mailing Address 54 Worthington Ave.				10		30	2014	
City Rolling Fork	State MS	Zip Code 39159		Trans	action ID	: SB21B.4	972	
Purpose of Disbursement Canvassing / Door-to-Door GOTV			001	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category/ Type				80	0.00
Senate President	ement For: Primary Other (sp	X General	.,,,,		,,			
State: District:								
Full Name (Last, First, Middle Initial) - Mr. Sam Thompson				Date of	Disburse		Y	Y
Mailing Address 5250 Davidson Rd.				10		24	2014	
City Meridian	State MS	Zip Code 39307		Trans	action ID	) : SB21B.4	968	
Purpose of Disbursement Canvassing / Door-to-Door GOTV			001	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category/ Type					0.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (sp	X General	71		ŕ	ŕ		
Full Name (Last, First, Middle Initial)  Terrell Thompson					Disburse			
Mailing Address 3608 N Highland Ave.				10	2	22	2014	Y
City Meridian	State MS	Zip Code 39301		Trans	action ID	) : SB21B.4	965	
Purpose of Disbursement Canvassing / Phone Banking / Door-to-Door GOT\	/		001	A	. ( =	Distance		Destad
Candidate Name			Category/ Type	Amount	of Each	Disbursem		0.00
Office Sought: House Disburse Senate President	ement For: Primary Other (sp	X General	21		- 1	7		-
State: District:			- 1					

SCHEDULE B (FEC Form 3X)	Han a second of the	FOR LINE	NUMBER:	PAGE 10 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(orlook orli)		
	Detailed Summary Pag		22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or	used by any pers		
or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
Mississippi Conservatives				
Full Name (Last, First, Middle Initial)				
A. Trustmark Bank			Date of Disburs	sement
Mailing Address 190 E Capitol St.			11 D	03 2014
City	State Zip Code			
Jackson	MS 39201		Transaction I	D : SB21B.5005
Purpose of Disbursement Bank Fee		001	Amount of Eac	h Disbursement this Period
Candidate Name		Category/		5.00
Office Courbby House		Type		5.00
Office Sought: House Disburi	sement For: 2014  Primary Senera	I		
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburs	cement
B. Winning Edge				D / Y Y Y Y
Mailing Address PO Box 269			11	03 2014
City	State Zip Code		Transaction I	D : SB21B.4963
Alexandria Purpose of Disbursement	AL 36250			
Canvassing Materials		004	Amount of Eac	h Disbursement this Period
Candidate Name		Category/		3000.00
Office Sought: House Disburs	sement For: 2014	Type		
Senate	Primary General	I		
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Disburs	sement
			M M / D	D / Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Eac	h Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbur	sement For:	1,750	-	
Senate	Primary Genera	I		
State: President	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optiona	l)			3005.00
		<u> </u>		39040.00
TOTAL This Period (last page this line number or	nly)	•••••••••••••••••••••••••••••••••••••••		39040.00

SCHEDULE B (FEC Form 3X)	Lies constate ashedule(s)			•				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oneon only	,					
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30				
Any information copied from such Reports and Statem								
or for commercial purposes, other than using the nam	ne and address of any pol	itical committee to	solicit contributions fr	om such committee.				
NAME OF COMMITTEE (In Full)								
Mississippi Conservatives								
Full Name (Last, First, Middle Initial)								
A. ALL CITIZENS FOR MISSISSIPPI			Date of Disburseme	_				
Mailing Address 1750 ELLIS AVENUE			10 24	2014				
,	State Zip Code		Transaction ID : \$	SR23 4067				
0.10.100.1	MS 39204		Transaction ID: S	3D23.4 <del>3</del> 0/				
Purpose of Disbursement Contribution		011	Amount of Each Di	sbursement this Period				
Candidate Name		Category/		40000.00				
000	. =	Type		19000.00				
	nent For: 2014  Primary							
	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
B. ALL CITIZENS FOR MISSISSIPPI			Date of Disburseme	ent				
Mailing Address 1750 ELLIS AVENUE			10 29	2014				
Mailing Address 1/30 ELLIS AVENUE			10 29	2014				
•	State Zip Code		Transaction ID :	SB23.4966				
JACKSON Purpose of Disbursement	MS 39204							
Contribution		011	Amount of Each Di	sbursement this Period				
Candidate Name		Category/		1600.00				
Office County		Type		1600.00				
	nent For: 2014 Primary							
	Primary							
State: District:								
Full Name (Last, First, Middle Initial)	<u> </u>		B					
C.			Date of Disburseme	_				
Mailing Address			M M / D D	/				
	State Zip Code							
Oity	state Zip Code							
Purpose of Disbursement								
Candidate Name			Amount of Each Di	sbursement this Period				
Candidate name		Category/ Type						
Office Sought: House Disbursen	nent For:	Турс		7				
	Primary General							
	Other (specify) ▼							
State: District:								
CURTOTAL of Dishumananta This Base (asting)				20600.00				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>						
TOTAL This Period (last page this line number only).				20600.00				

SCHEDULE B (FEC Form 3X)	Llos concrete askedula(s)	FOR LINE		PAGE 12 OF 21
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	, po		34101	
Mississippi Conservatives				
Full Name (Last, First, Middle Initial)			Date of Dishur	coment
A. Liberty Springs			Date of Disburs	sement
Mailing Address PO Box 320001				06 2014
,	State Zip Code		Transaction I	D : SB28A.4976
Flowood Purpose of Disbursement	MS 39232		i i ali sactivil I	
Contribution Refund		010	Amount of Eacl	h Disbursement this Period
Candidate Name		Category/ Type		200000.00
Office Sought: House Disburser	nent For:	- 7		
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Disburs	sement
Mailing Address			M = M / D	D / Y Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		السبا	Amount of Each	h Disbursement this Period
Candidate Hame		Category/ Type		
Office Sought: House Disburser	nent For:	71: -		
Senate	Primary General			
State: President State:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			_	
C.			Date of Disburs	
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement	T			
·			Amount of Eacl	h Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:	Турс		
	Primary General			
President Pictriot:	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				200000.00
				202222
TOTAL This Period (last page this line number only)			1	200000.00

Signature

## SCHEDULE E (FEC Form 3X)

	EMIZED INDEPENDENT EXPENDITURES					PAGE 13 FOR LINE 24	OF 21 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC I	DENTIFICATIO	N NUMBER ▼
N	Mississippi Conservatives				С	C00554774	
С	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y
	Full Name of Payee Calhoun County Journal			Date	M - M	ic Distribution/I	YIYIY
	Mailing Address PO Bo 278			Amo	10 ount	30	2014
	City	Ctoto	Zin Codo				392.92
	<b>l</b> '	State MS	Zip Code 38915			D: SE.4913 ursement or O	
	Purpose of Expenditure Newspaper Advertisement		Category/ Type 004		M 10	23	2014
	Name of Federal Candidate		Support	Office Soug	nht·	House [	District:
	Thad Cochran		Oppose	Presi		X Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought		922.12	Disburseme	ent For:	Primary	General
	F. II Name of Brown				Other (s		
	Full Name of Payee Capstone Public Affairs LLC			Date	e of Publ	ic Distribution/	Dissemination 2014
	Mailing Address PO Box 2096			Amo	ount		
	City	State	Zip Code				1000.00
	Jackson	MS	39225			D: SE.4952 ursement or C	bligation
	Purpose of Expenditure Digital Advertisement		Category/ Type 004		10	30	2014
	Name of Federal Candidate		Support	Office Soug	ght:	House	District:
	Thad Cochran		Oppose	Presi	dent	X Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought		8578.33	Disburseme 2014		Primary	X General
					Other (s	pecify) 🕨	
	(a) SUBTOTAL of Itemized Independent Expenditures.			•		7	1392.92
	(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •		7	
	(c) TOTAL Independent Expenditures			•		7	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized	•				•
	Mr. Brian Perry	[Electron	ically Filed] Date	M M M	04	/ Y Y 2014	Y = Y
	Cianatura						

### S П

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X)			
ΓE	EMIZED INDEPENDENT EXPENDITURES			AGE 14 OF 21 OR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
	lississippi Conservatives			
			C co	0554774
Ch	neck if 24-hour report 48-hour report New rep	ort Amends repo		D   D / Y   Y   Y   Y
	Full Name of Payee Deer Creek Pilot			istribution/Dissemination
	Mailing Address		10 /	30 / 2014
	PO Box 398		Amount	
	City State	Zip Code		315.00
	Rolling Fork MS	39159	Transaction ID : S Date of Disburse	SE.4914 ement or Obligation
	Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	10	23 / 2014
	Name of Federal Candidate	X Support	Office Sought:	House District:
	Thad Cochran	Oppose	President X	Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	1237.12	Disbursement For: 2014 Other (speci	Primary
	Full Name of Payee		Date of Public D	Distribution/Dissemination
	Greenwood Commonwealth		M 1 M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 8050		Amount	
	City State	Zip Code		625.65
	Geenwood MS	38935	Transaction ID : 3 Date of Disburse	SE.4959 ement or Obligation
	Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	M M /	31 / 2014
	Name of Federal Candidate	V 0	055 - 0	Harris Bistrict
	Thad Cochran	Support		House District: MS
		Oppose	President X	Seriale State.
	Calendar Year-To-Date Per Election for Office Sought	25932.83	Disbursement For: 2014 Other (specific	Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures		· •	940.65
	(h) OUDTOTAL of Unitersity of Index and and Emparations			
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	4
	(c) TOTAL Independent Expenditures		<b>•</b>	7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

04

Signature

## S

SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES	DAOF 45 OF 24
EMIZED INDEPENDENT EXPENDITORES	PAGE 15 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on MMM / DDD / YTYYYY
Full Name of Payee  Madison County Journal	Date of Public Distribution/Dissemination
Mailing Address PO Box 219	10 7 30 7 2014
PO BOX 219	Amount
City State	Zip Code 1584.45
Ridgeland MS	39158 Transaction ID : SE.4933 Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement	Category/ Type 004 10 27 2014
Name of Federal Candidate	Support Office Sought: House District:
Thad Cochran	Oppose President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Magee Courier	10 30 / Y Y Y Y Y Y
Mailing Address 206 Main Avenue North	Amount
City State	Zip Code 653.40
Magee MS	39111 Transaction ID : SE.4934  Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement	Category/ Type 004 10 27 2014
Name of Federal Candidate	Support Office Sought: House District:
Thad Cochran	Oppose President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2237.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	ditures reported herein were not made in cooperation, consultation, or concert chorized committee or agent of either, or (if the reporting entity is not a political
Mr. Brian Perry [E	Electronically Filed] Date 12 04 2014

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 16 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee	<u>′</u>		Date	of Public Distribution/Dissemination
Natchez Democrat				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 503 N Canal Street			Amo	unt
City	State	Zip Code	-	1257.75
Natchez	MS	39120		action ID : SE.4946 of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisment		Category/ Type 004		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District:
Thad Cochran		Oppose	Presid	dent Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		7578.33	Disburseme 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Date	e of Public Distribution/Dissemination
Starkville Daily News			[	M M / D D / Y Y Y Y Y 1 1 1 1 02 2014
Mailing Address 304 E. Lampkin Street			Amo	punt
City	State	Zip Code	-	774.00
Starkville	MS	39759		saction ID : SE.4960 e of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	] [[	M 10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Soug	ght: House District:
Thad Cochran		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		26706.83	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		• •	2031.75
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	idate or authorized			
Mr. Brian Perry	[Electron	nically Filed] Date	M M /	04 2014
Signature		_ Buto		

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X)			
Т	EMIZED INDEPENDENT EXPENDITURES			PAGE 17 OF 21 FOR LINE 24 OF FORM 3X
N.	AME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
N	Mississippi Conservatives		C	
С	heck if 24-hour report 48-hour report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
	Full Name of Payee The Carthagian		Date of P	ublic Distribution/Dissemination
			10	30 / 2014
	Mailing Address PO Box 457		Amount	
	City State :	Zip Code		529.20
	Carthage MS	39051		n ID: SE.4910 isbursement or Obligation
	Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	10	
	Name of Federal Candidate	Support	Office Sought:	House District:
	Thad Cochran	Oppose	President	Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	529.20	Disbursement Fo	r: Primary X General (specify) ▶
	Full Name of Payee		Date of P	ublic Distribution/Dissemination
	The Enterprise-Tocsin		10	30 / Y Y Y Y Y
	Mailing Address PO Box 650		Amount	
	City State	Zip Code		439.20
	Indianola MS	38751		n ÍD : SE.4916 isbursement or Obligation
	Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	10	
	Name of Federal Candidate	Support	Office Sought:	House District:
	Thad Cochran	Oppose	President	Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	2046.22	Disbursement Fo	or: Primary X General (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	968.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	7 7
	(c) TOTAL Independent Expenditures		<b>•</b>	7 1 7 1 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

12

Date

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### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 18 FOR LINE 2	OF 21 24 OF FORM 3X			
FEC IDENTIFICATION NUMBER ▼					
С	C00554774				
M = M	/ D D /	Y = Y = Y			
Date of Public Distribution/Dissemination					
10 <sup>M</sup>	29 /	2014			
mount					
		600.00			
ansaction ÍI ate of Disb	D:SE.4941 ursement or (	Obligation			
10	29	2014			
ought:	House	District:			
esident	X Senate	State: MS			
ement For:	Primary	/ X General			
Other (specify) ▶					
ate of Publi	ic Distribution	/Dissemination			
10	29	2014			
mount					
		600.00			
ansaction II					
ansaction II	D : SE.4940 ursement or				
ansaction II Date of Disb	ursement or	Obligation 2014			
M M	ursement or	Obligation  Y Y Y Y Y Y Y Y Y 2014  District:			
ansaction II Date of Disb and 10  rought:	rusement or 29 / 29 / House	Obligation  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ansaction II Date of Disb	House Senate Primary	Obligation  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ansaction II Date of Disb and 10  rought: resident pement For:	House Senate Primary	Obligation  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ansaction II Date of Disb and 10  rought: resident pement For:	House Senate Primary	Obligation  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ansaction II Date of Disb  10  ought: resident  ement For:	House Senate Primary	Obligation  2014  District: State: MS  y \int General			
ansaction II Date of Disb and 10  rought: resident pement For:	House Senate Primary	Obligation  2014  District: State: MS  y \int General			
ansaction II Date of Disb and 10  rought: resident pement For:	House Senate Primary	Obligation  2014  District: State: MS  y \int General			

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Mississippi Conservatives					
			C C00554774		
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
The Jackson Advocate			10 29 / Y Y Y Y Y Y Y		
Mailing Address PO Box 3708			Amount		
City	Ctoto	7in Codo	600.00		
City Jackson	State MS	Zip Code 39207	Transaction ID : SE.4941		
	IVIO	39201	Date of Disbursement or Obligation		
Purpose of Expenditure Newspaper Advertisment		Category/ Type 004	10 29 7 2014		
Name of Federal Candidate		Support	Office Sought: House District:		
Thad Cochran		Oppose	President Senate State: MS		
Oplanday Visco To Dat			Disbursement For: Primary X General		
Calendar Year-To-Date Per Election for Office Sought		6320.58	2014		
	, , , , ,		Other (specify)		
Full Name of Payee The Mississippi Link			Date of Public Distribution/Dissemination		
The Micologippi Link			10 29 2014		
Mailing Address PO Box 11307			Amount		
City	State	Zip Code	600.00		
Jackson	MS	39283	Transaction ID : SE.4940  Date of Disbursement or Obligation		
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004	10 29 / Y Y 2014		
Name of Federal Candidate		Support	Office Sought: House District:		
Thad Cochran		Oppose	President Senate State: MS		
Calendar Year-To-Date		5720 F9	Disbursement For: Primary General		
Per Election for Office Sought		5720.58	Other (specify)		
(a) SUBTOTAL of Itemized Independent Ex	kpenditures		. 1200.00		
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •		
(c) TOTAL Independent Expenditures			<b>&gt;</b>		
	y candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political		
Mr. Brian Perry	[Electroni	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		_ Date			

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 19 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Da	ate of Public Distribution/Dissemination
The Northside Sun				10 30 7 2014
Mailing Address PO Box 16709			Ar	nount
City	State	Zip Code	— Г	836.51
Jackson	MS	39236		nsaction ID : SE.4917 ate of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004		10 23 2014
Name of Federal Candidate		Support	Office So	ought: House District:
Thad Cochran		Oppose		esident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		2882.73	Disburser 2014	ment For:
Full Name of Payee The Wayne County News			Di	ate of Public Distribution/Dissemination
Mailing Address PO Box 509			Aı	mount
City	State	Zip Code	— Г	369.90
Waynesboro	MS	39367		nsaction ID : SE.4915 ate of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement		Category/ Type 004		10 23 / 2014
Name of Federal Candidate		X Support	Office Sc	ought: House District:
Thad Cochran		Oppose	Pre	esident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		1607.02	Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	1206.41
(b) SUBTOTAL of Unitemized Independent I	Expenditures		•	
(c) TOTAL Independent Expenditures			·· • [	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Mr. Brian Perry	[Electron	nically Filed]	M M	/ D D / Y Y Y Y Y
Signature	- Electron	Date	12	04 2014

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
Mississippi Conservatives	FEC IDENTIFICATION NUMBER ▼
	C C00554774
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da Winning Edge	te of Public Distribution/Dissemination
Mailing Address PO Box 269	10 30 / 2014
An An	nount
City State Zip Code	6996.54
Alexandria AL 36250 Trar	nsaction ID : SE.4949
Purpose of Expanditure	te of Disbursement or Obligation
Mail Postage, Printing and Production  Category/ Type  004	10 31 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:
Thad Cochran Oppose Pres	sident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Da	te of Public Distribution/Dissemination
Winning Edge	10 30 2014
Mailing Address PO Box 269	nount
City State Zip Code	9232.31
Alexandria AL 36250 Trai	nsaction ID : SE.4950
Purpose of Expenditure	te of Disbursement or Obligation
Mail Postage, Printing and Production  Category/ Type  004	10 31 2014
Name of Federal Candidate Support Office So	ught: House District:
Thad Cochran Oppose Pre	sident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbursen 24807.18	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	16228.85
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Mr Rrian Perry	

[Electronically Filed]

Date

2014

### S П

Mr. Brian Perry

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 21 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives		C C00554774
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Winning Edge  Mailing Address PO Box 269	Da	te of Public Distribution/Dissemination
1 O Box 209	Am	nount
City State Zip Coo Alexandria AL 36250	Tran	500.00 saction ID : SE.4951 te of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisement  Category T	Jory/ Type 004	10 / 31 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District:
Thad Cochran	Oppose Pres	sident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 2530	07.18 Disbursem 2014	nent For:
Full Name of Payee	Da	te of Public Distribution/Dissemination
Mailing Address	An	nount
City State Zip Cod	-	te of Disbursement or Obligation
Purpose of Expenditure Categ		M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Son Oppose Pre	ught: House District:sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursen	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	······	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	26706.83
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		•

[Electronically Filed]

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Date

04